

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES

Application for Food Supplement, TANF, PaS, or MaineCare

If your primary language is other than English, please list:

You only need to answer questions that concern the program(s) for which you are applying.

Providing a Social Security number is optional for individuals who are not applying for coverage in any program.

For Food Supplement, to immediately file this application we must have your name, address, and signature (or that of an authorized representative). If eligible, your benefits will begin from date of application.

Your Name (First, Middle, Last)		Maiden	Social Security #	Birthdate-(Mo/Day/Yr)
Mailing Address: Street, PO Box, RR or RFD (Include apartment number, care of, etc.)				Safe Delivery Address? No <input type="checkbox"/> Yes <input type="checkbox"/>
City	State	Zip Code	Telephone/Message Number	
Street, address and town where you actually live, if different				
Have you or anyone in your household ever received Food Supplement, TANF or PaS and/or MaineCare? No <input type="checkbox"/> Yes <input type="checkbox"/> Who? _____ Where? _____ When? _____				
Is this person fleeing to avoid prosecution or confinement for a felony or violation of probation or parole? No <input type="checkbox"/> Yes <input type="checkbox"/> Who? _____ Where? _____ When? _____				
Have you or anyone else in your household ever been convicted of a drug related felony? No <input type="checkbox"/> Yes <input type="checkbox"/> Who? _____ Where? _____ When? _____				
Is anyone 65 years or older? _____ → No <input type="checkbox"/> Yes <input type="checkbox"/>		Does anyone receive SSI? _____ → No <input type="checkbox"/> Yes <input type="checkbox"/>		
Is anyone disabled? _____ → No <input type="checkbox"/> Yes <input type="checkbox"/>		Did anyone ever receive SSI? _____ → No <input type="checkbox"/> Yes <input type="checkbox"/>		
Name(s): _____		Name(s): _____		
Is anyone blind? _____ → No <input type="checkbox"/> Yes <input type="checkbox"/>		Is anyone pregnant? _____ → No <input type="checkbox"/> Yes <input type="checkbox"/>		
Name(s): _____		Name(s): _____		
Is either parent unemployed? _____ → No <input type="checkbox"/> Yes <input type="checkbox"/>		Due Date(s): _____		
If your household has little or no income, you may be able to receive Food Supplement within a few days. If so, answer the following questions, complete and sign this application form.				
How many people, including yourself, live in your home and purchase and prepare meals with you? _____		Did all of the household income stop recently? _____ → No <input type="checkbox"/> Yes <input type="checkbox"/>		
How much is your rent or mortgage? _____ → \$ _____		What is the total income you expect your household to receive this month? → \$ _____		
How much are your utilities? _____ → \$ _____		How much do the members of your household have in cash or savings? → \$ _____		
Do you pay separately for heat? _____ → No <input type="checkbox"/> Yes <input type="checkbox"/>		Is anyone in your household a migrant or seasonal farm worker? _____ → No <input type="checkbox"/> Yes <input type="checkbox"/>		
Has anyone received HEAP Fuel Assistance at your current residence since last October? → No <input type="checkbox"/> Yes <input type="checkbox"/>				
Are everyone you are applying for homeless <u>and</u> without free shelter? _____ → No <input type="checkbox"/> Yes <input type="checkbox"/>				
I understand and agree to provide documents to prove what I have stated. I understand and agree that the information I have given may be verified by federal, state and local officials or other persons and organizations. If I have given incorrect information, my application may be denied and I may be charged with giving false information. I understand the questions on this application and the penalty for hiding or giving false information or breaking any of the rules in the penalty warning. I certify under penalty of perjury that my answers, including those concerning citizenship, alien status, or a conviction of a drug related felony are correct and complete for all persons applying for benefits.				
Applicant's Signature: _____		Date: _____	Interviewer: _____	Date: _____
Please list if you have a Guardian, Conservator or Authorized Representative or someone who knows your financial situation whom you would like us to contact to help us determine if you are eligible: Name: _____ Address: _____ Telephone Number: _____				
Expedite: No <input type="checkbox"/> Yes <input type="checkbox"/> Worker: _____		I.D. Verification: _____		Residence Verification: _____
Date received: _____		Date logged on: _____		45th day: _____

Questions on this application apply to members of your household. This includes you, your spouse, and everyone else for whom you are requesting assistance. Please print answers.

For Food Supplement: if eligible, you will receive reporting requirements. To receive a credit for some expenses, such as child support paid, medical expenses (for elderly or disabled members) or fuel assistance (HEAP), you may be asked for verification. Failure to report or verify such expenses at application or review (or at other times you need to report) may mean you will receive less Food Supplement benefits each month. This will be seen as your statement that your household does not want to receive credit for the unreported or unverified expense.

[illegible]

First Name	Place of birth	First Name	Place of birth	First Name	Place of birth

Applicant	Second Adult
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No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
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FNS <input type="checkbox"/> FCS <input type="checkbox"/> 	FNS <input type="checkbox"/> FCS <input type="checkbox"/>
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No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
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Name	Birthdate Mo/Da/Yr	Sex M/F	Relation to you	Amount paid to you (if applicable)	How often Paid?

	How Much	How Often		How Much	How Often		How Much	How Often
Rent	_____	_____	Lot Rent	_____	_____	Cooking Fuel	_____	_____
Heat	_____	_____	Mortgage	_____	_____	Water	_____	_____
Electricity	_____	_____	Property Taxes	_____	_____	Sewer	_____	_____
Telephone (basic)	_____	_____	House Insurance	_____	_____	Trash Collection	_____	_____

Is your heating cost included in your rent? → No ☐ Yes ☐

Has anyone received HEAP Fuel Assistance at your current residence? → No ☐ Yes ☐

Has General Assistance helped you with any of these expenses in the last 6 months? → No ☐ Yes ☐

Does your mortgage include taxes and house insurance? → No ☐ Yes ☐

Do you live in public housing? → No ☐ Yes ☐

Do you receive a rent subsidy? → No ☐ Yes ☐ How much? _____ How Often? _____

Does anyone outside your household pay all or part of these bills? → No ☐ Yes ☐

If yes, who?

Single Married Separated Divorced Widowed	Use one of the following codes. Your benefits will not be affected if you do not answer. <u>For Ethnicity</u> : P-Hispanic/Latino or blank for none. <u>For Race</u> : W-White, B-Black or African American, O-Asian, I-American Indian or Alaskan Native, H-Native Hawaiian or other Pacific Islander	1. Social Security 2. SSI 3. Veteran's Benefit (include claim #) 4. Unemployment Benefits 5. Child Support, Alimony 6. Railroad Retirement	7. Workers' Compensation 8. Military Allotment 9. Rental Property 10. Pension 11. Dividend, Interest Annuity 12. Grants, Loans, Scholarships 13. Any other income
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Marital Status	U.S. Citizen Y/N, If N See below	Ethnicity P or Blank	Race Code	Highest school Grade/ Degree	Does person attend school at least half-time N/Y	Name of School	Served In Military? N/Y	Type of Unearned Income	Gross Amount	How often received

↓ If not a US Citizen					↓					
INS Status					Verified by					
1.					If served in military, answer following questions for each individual: Name: _____ In which branch of the military did you serve? _____ When did you serve? (dates) _____ to _____ Did you serve on foreign soil? Yes _____ No _____ Are you receiving VA benefits that include payment of prescription drugs? Yes _____ No _____ If yes, refer to VA 1-800-827-1000 Name: _____ In which branch of the military did you serve? _____ When did you serve? (dates) _____ to _____ Did you serve on foreign soil? Yes _____ No _____ Are you receiving VA benefits that include payment of prescription drugs? Yes _____ No _____ If yes, refer to VA 1-800-827-1000					
2.										
3.										
4.										
5.										
6.										

Are any of the above foster children, in state custody or boarders? —————> No ☐ Yes ☐
 If yes, who _____

Were you in foster care and enrolled in the Medicaid program through the State of Maine at age 18, and you are now less than 26 years of age? No ☐ Yes ☐ If yes, you are not required to complete the income and asset portion of the application in order to qualify for MaineCare.

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S Department of Agriculture also prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination with USDA, complete the [USDA Program Discrimination Complaint Form](#), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY). USDA and HHS are equal opportunity providers and employers.

Earnings (including children). You must provide verification of all gross wages:
Last 4 weeks' wage stubs for TANF or PaS, Food Supplement and MaineCare.

If you are applying for MaineCare coverage **ONLY**, you are not required to provide verification of wages at this time, but you may be asked to at a later date if electronic verification is not possible.

Has anyone quit a job in the last 60 days? No ☐ Yes ☐ If yes, who? _____
 Is anyone on strike? No ☐ Yes ☐ If yes, who? _____
 If between 18 – 49 years old, has anyone been told they are not eligible because of ABAWD rules?
 No ☐ Yes ☐ If yes, who? _____

Is this person currently employed N/Y	If no, date last worked	Current or Last Employer's Name and Address	Type of work	# of hours worked weekly	Hourly rate of pay	Gross pay before deductions	How often is pay received	Weekday pay is received

Do you receive an Earned Income Tax Credit (EITC) in your normal paycheck? _____ → No ☐ Yes ☐
 Do you receive a yearly EITC? _____ → No ☐ Yes ☐
 If yes, how much \$ _____ When did you get your refund? _____

Does anyone give any money or assistance which is not listed to anyone in your household? _____ → No ☐ Yes ☐
 Does anyone pay child support? No ☐ Yes ☐ Who pays? _____
 How much? _____ per _____ To whom? _____ For whom? _____
 Do you expect any change in income or expenses? _____ → No ☐ Yes ☐

Complete this section if self-employed. You must provide the most recent tax return or business records.

Name of person who is self-employed: _____ Is this a partnership or corporation? No ☐ Yes ☐
 Name of Business: _____ Type of Business: _____
 # Hours worked weekly: _____ Gross Amount _____ How often? _____

If you are paying someone to take care of your children or disabled adults, complete the following.

Name of person being paid _____ Address _____ _____ Phone # _____ How much help do you get with child care expenses \$ _____ How often _____ Amount paid \$ _____ How often _____ For whom: _____ Type of Provider: _____	Name of person being paid _____ Address _____ _____ Phone # _____ How much help do you get with child care expenses \$ _____ How often _____ Amount paid \$ _____ How often _____ For whom: _____ Type of Provider: _____
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FOR OFFICE USE ONLY

Licensed, Family Based (Relative or Non-Relative) Licensed, Day Care Center (Relative or Non-Relative) Unlicensed, In-home, Non-Relative Unlicensed, In-home, Relative Unlicensed, Family, Non-Relative Unlicensed, Family, Relative	}	Enter type on ACES
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ASSETS

- | | | |
|---|---|---|
| 1. Cash Not in Bank
2. Savings Account
3. Checking Account
4. Credit Union
Shares | 5. Trust Accounts
6. Christmas Clubs
7. Life Insurance
8. Certificate of
Deposit
9. Separate
Identifiable | 10. Stocks, Bonds,
Annuities, Profit Sharing
11. IRA, 401K, Keogh
Accounts
12. Prepaid Burial
13. Family Development
Accounts |
|---|---|---|

Type of
Asset
See Above

Name of Bank/Institution	Account Number	Current Balance or Value
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FOR OFFICE USE ONLY

TANF/PaS Families Total
Countable Cash Assets

\$ _____

Does anyone's name jointly appear on any Bank Accounts, Savings Accounts, Checking Accounts, Credit Union Accounts, Stocks, Bonds, Money Market Certificates or any type of property **other than those listed above**?

Explain: No ☐ Yes ☐

Does anyone have any land, buildings, or time shares, including jointly held real estate other than where you live?

Explain: No ☐ Yes ☐

Did anyone sell, trade, or give away anything of value during the last three months?

Explain: No ☐ Yes ☐

Has anyone recently received, or does anyone expect to receive in the near future, any payments such as retroactive government benefits, compensation, pay raises, lawsuit settlements, inheritance, etc.?

Explain: No ☐ Yes ☐

Does anyone have, or jointly own, any cars, trucks, boats, campers, motorcycles, snowmobiles, ATVs, trailers, skidders, tractors, or other motorized vehicles? If yes, list below: No ☐ Yes ☐

Year	Make/Model	Name(s) of Owner(s)	Amount Owed	Use	Exempt?	If Yes, Worker Justification
					No <input type="checkbox"/> Yes <input type="checkbox"/>	
					No <input type="checkbox"/> Yes <input type="checkbox"/>	
					No <input type="checkbox"/> Yes <input type="checkbox"/>	

TURN OVER AND ANSWER QUESTIONS ON PAGE 6

PARTIALLY EXEMPT FS	NON-EXEMPT LICENSED FS		TANF or PaS/MAINECARE AND UNLICENSED FS	
Value _____ - Excluded Amt. _____ = Net Assets _____	Value _____ -Excluded Amt. _____ =Countable Value _____ Net Asset _____(greater of two amounts)	Value _____ -Amt. Owed _____ =Equity _____	Equity _____ -Excluded Amt. _____ =Net FS Asset _____	Value _____ -Amt. Owed _____ =Net Assets _____
<p>Total Assets: FS _____ TANF/PaS _____ MaineCare _____</p>				

For All Programs				
Does any child under 21 have a mother or father who is not living with you or who is deceased? <div style="text-align: right;">No <input type="checkbox"/> Yes <input type="checkbox"/></div> If you answered YES, list the following information: _____→	#1 - Name of Absent Parent and last known address	#2 - Name of Absent Parent and last known address		
	Name of child(ren)	Name of child(ren)		
Do you provide the primary home for this child?	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>	
Do you usually provide the day-to-day care and make decisions concerning this child?	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>	
Does this child sometimes live with the other parent?	No <input type="checkbox"/> Yes <input type="checkbox"/> How often?		No <input type="checkbox"/> Yes <input type="checkbox"/> How often?	
Do you share custody of this child?	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>	
Does the other parent provide a home, physical care and guidance for this child in any way?	No <input type="checkbox"/> Yes <input type="checkbox"/> How?		No <input type="checkbox"/> Yes <input type="checkbox"/> How?	
If you are applying for TANF or PaS, are under age 18 and a parent or pregnant, please read this: Maine law prevents TANF or PaS cash benefits to never married minor parents. Instead of cash payments, the Department will send portions of the TANF or PaS benefit directly to vendors to pay monthly expenses. The rest of the TANF or PaS benefit must be sent to an adult payee who agrees to manage the money and agrees to explain how it is used on the minor's behalf. List the Name, Relationship, Address and Telephone # of the payee you would like the Department to consider: _____ _____ _____				
<u>If you are applying for TANF or PaS or MaineCare, answer the following questions.</u>				
Are you requesting help for any medical bills incurred within the LAST THREE MONTHS ? No <input type="checkbox"/> Yes <input type="checkbox"/> Which months? _____ <div style="text-align: center;"><u>You must provide the medical bills or copies of them.</u></div>				
Does anyone pay for Medical Insurance? _____→ No <input type="checkbox"/> Yes <input type="checkbox"/> <div style="display: flex; justify-content: space-between;"> Premium \$ How often paid? </div>				
Has any child lost health insurance in the past 3 months? _____→ No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, why? _____				
Is any child claimed as a tax dependent by someone other than his/her parent? _____→ No <input type="checkbox"/> Yes <input type="checkbox"/>				
If you are applying for medical coverage, please complete the Medicaid Application Supplement pages at the end of this form.				
If you are applying for Food Supplement for elderly or disabled persons, answer the following questions.				
This section applies to anyone who is age 60 or older OR who is receiving any type of total disability benefits. Do you pay over \$35/month for medical insurance (including Medicare), over-the-counter or doctor-ordered medicines, dental care, hearing aids, eye care, transportation or any other medical service or supplies? No <input type="checkbox"/> Yes <input type="checkbox"/> <u>List the anticipated expenses (and due dates of payments) and provide proof of expenses for the past year:</u> _____ _____ _____				
Please list anyone who has a red, white and blue Medicare card.	Name	Medicare Number (Voluntary For Non-Applicant)		

MEDICAID APPLICATION SUPPLEMENT

COMPLETE THIS SUPPLEMENT FOR YOURSELF, YOUR SPOUSE/PARTNER AND CHILDREN WHO LIVE WITH YOU AND/OR ANYONE ON YOUR SAME FEDERAL INCOME TAX RETURN IF YOU FILE ONE. IF YOU DON'T FILE A TAX RETURN, REMEMBER TO STILL ADD FAMILY MEMBERS WHO LIVE WITH YOU.

APP LAST NAME:	APP FIRST NAME:	MI:
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AMERICAN INDIANS AND ALASKA NATIVES

Names of those with Indian Health Service Coverage:

Does Not Receive Indian Health Service Coverage, but is eligible:

OTHER MEDICAL INSURANCE

(IF APPLICABLE, LIST THE HOUSEHOLD MEMBERS THAT CURRENTLY RECEIVE HEALTH COVERAGE)

Name:	Company:
Policy:	Type:

EMPLOYER INSURANCE

HOUSEHOLD MEMBERS RECEIVING, OR ELIGIBLE FOR, EMPLOYER SPONSORED HEALTH INSURANCE (NOW OR IN THE NEXT THREE MONTHS)
PROVIDING THE SSN IS OPTIONAL FOR PERSONS WHO ARE NOT APPLYING FOR MEDICAL COVERAGE

Name:	SSN:	Minimal essential coverage?
Date when eligible to enroll:		Monthly premium for lowest-cost plan offered: \$
Employer Name:		Employer EIN:
Employer Address:		
Employer Phone:		Employer Email:
Employer Insurance Name:		Employee Contact Info:

TAX INFORMATION, APPLICANT

(YOU CAN STILL BE ELIGIBLE FOR PROGRAMS EVEN IF YOU DON'T FILE FEDERAL INCOME TAX)

A. Will you file Income Tax Next Year (if yes, please answer questions A-C; if no, skip to question D:

B. Will you file jointly with spouse:	Name of spouse:
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C. Will you claim dependents on your tax return:	Name of dependent 1:
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Name of dependent 2:	Name of dependent 3:
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D. Will you be claimed as a dependent on someone's tax return:	Name of filer:
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DEDUCTIONS, APPLICANT

ENTER AMOUNTS FOR ALL THAT APPLY

Alimony paid:	How often?	Student loan interest:	How often?
Other deductions:		Type:	

For American Indians and Alaskan Natives Only

Certain money received can be excluded from income; list any money received from these sources: per capita payments from a tribe that comes from natural resources, usage rights, leases or royalties; payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Dept. of Interior; and money from selling things that have cultural significance.

How much received? \$	How often?
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SIGNATURE

I'M SIGNING THIS APPLICATION UNDER PENALTY OF PERJURY WHICH MEANS I'VE PROVIDED TRUE ANSWERS TO ALL THE QUESTIONS ON THIS FORM TO THE BEST OF MY KNOWLEDGE. I KNOW THAT I MAY BE SUBJECT TO PENALTIES UNDER FEDERAL LAW IF I PROVIDE FALSE AND OR UNTRUE INFORMATION.

Signature of applicant:

Date:

TAX INFORMATION, NAME OF PERSON #1 WHO LIVES WITH YOU:			
A. Will he/she file Income Tax Next Year (if yes, please answer questions A-C; if no, skip to question D:			
B. Will he/she file jointly with spouse:		Name of spouse:	
C. Will he/she claim dependents on your tax return:		Name of dependent 1:	
Name of dependent 2:		Name of dependent 3:	
D. Will he/she be claimed as a dependent on someone's tax return:		Name of filer:	
Total Income (list next year's total income for this person):			
DEDUCTIONS, PERSON#1 WHO LIVES WITH YOU - ENTER AMOUNTS FOR ALL THAT APPLY			
Alimony paid:	How often?	Student loan interest:	How often?
Other deductions:	How often?	Type:	
For American Indians and Alaskan Natives Only Certain money received can be excluded from income; list any money received from these sources: per capita payments from a tribe that comes from natural resources, usage rights, leases or royalties: payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Dept. of Interior; and money from selling things that have cultural significance.			
How much received? \$		How often?	
TAX INFORMATION, NAME OF PERSON #2 WHO LIVES WITH YOU:			
A. Will he/she file Income Tax Next Year (if yes, please answer questions A-C; if no, skip to question D:			
B. Will he/she file jointly with spouse:		Name of spouse:	
C. Will he/she claim dependents on your tax return:		Name of dependent 1:	
Name of dependent 2:		Name of dependent 3:	
D. Will he/she be claimed as a dependent on someone's tax return:		Name of filer:	
Total Income (list next year's total income for this person):			
DEDUCTIONS, PERSON #2 WHO LIVES WITH YOU - ENTER AMOUNTS FOR ALL THAT APPLY			
Alimony paid:	How often?	Student loan interest:	How often?
Other deductions:	How often?	Type:	
For American Indians and Alaskan Natives Only Certain money received can be excluded from income; list any money received from these sources: per capita payments from a tribe that comes from natural resources, usage rights, leases or royalties: payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Dept. of Interior; and money from selling things that have cultural significance.			
How much received? \$		How often?	
TAX INFORMATION, NAME OF PERSON #3 WHO LIVES WITH YOU:			
A. Will he/she file Income Tax Next Year (if yes, please answer questions A-C; if no, skip to question D:			
B. Will he/she file jointly with spouse:		Name of spouse:	
C. Will he/she claim dependents on your tax return:		Name of dependent 1:	
Name of dependent 2:		Name of dependent 3:	
D. Will he/she be claimed as a dependent on someone's tax return:		Name of filer:	
Total Income (list next year's total income for this person):			
DEDUCTIONS, PERSON #3 WHO LIVES WITH YOU -ENTER AMOUNTS FOR ALL THAT APPLY			
Alimony paid:	How often?	Student loan interest:	How often?
Other deductions:	How often?	Type:	
For American Indians and Alaskan Natives Only Certain money received can be excluded from income; list any money received from these sources: per capita payments from a tribe that comes from natural resources, usage rights, leases or royalties: payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Dept. of Interior; and money from selling things that have cultural significance.			
How much received? \$		How often?	

TAX INFORMATION, NAME OF PERSON #4 WHO LIVES WITH YOU:			
A. Will he/she file Income Tax Next Year (if yes, please answer questions A-C; if no, skip to question D:			
B. Will he/she file jointly with spouse:		Name of spouse:	
C. Will he/she claim dependents on your tax return:		Name of dependent 1:	
Name of dependent 2:		Name of dependent 3:	
D. Will he/she be claimed as a dependent on someone's tax return:		Name of filer:	
Total Income (list next year's total income for this person):			
DEDUCTIONS, PERSON #4 WHO LIVES WITH YOU - ENTER AMOUNTS FOR ALL THAT APPLY			
Alimony paid:	How often?	Student loan interest:	How often?
Other deductions:	How often?	Type:	
For American Indians and Alaskan Natives Only Certain money received can be excluded from income; list any money received from these sources: per capita payments from a tribe that comes from natural resources, usage rights, leases or royalties: payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Dept. of Interior; and money from selling things that have cultural significance.			
How much received? \$		How often?	
TAX INFORMATION, NAME OF PERSON #5 WHO LIVES WITH YOU:			
A. Will he/she file Income Tax Next Year (if yes, please answer questions A-C; if no, skip to question D:			
B. Will he/she file jointly with spouse:		Name of spouse:	
C. Will he/she claim dependents on your tax return:		Name of dependent 1:	
Name of dependent 2:		Name of dependent 3:	
D. Will he/she be claimed as a dependent on someone's tax return:		Name of filer:	
Total Income (list next year's total income for this person):			
DEDUCTIONS, PERSON #5 WHO LIVES WITH YOU - ENTER AMOUNTS FOR ALL THAT APPLY			
Alimony paid:	How often?	Student loan interest:	How often?
Other deductions:	How often?	Type:	
For American Indians and Alaskan Natives Only Certain money received can be excluded from income; list any money received from these sources: per capita payments from a tribe that comes from natural resources, usage rights, leases or royalties: payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Dept. of Interior; and money from selling things that have cultural significance.			
How much received? \$		How often?	
TAX INFORMATION, NAME OF PERSON #6 WHO LIVES WITH YOU:			
A. Will he/she file Income Tax Next Year (if yes, please answer questions A-C; if no, skip to question D:			
B. Will he/she file jointly with spouse:		Name of spouse:	
C. Will he/she claim dependents on your tax return:		Name of dependent 1:	
Name of dependent 2:		Name of dependent 3:	
D. Will he/she be claimed as a dependent on someone's tax return:		Name of filer:	
Total Income (list next year's total income for this person):			
DEDUCTIONS, PERSON #6 WHO LIVES WITH YOU - ENTER AMOUNTS FOR ALL THAT APPLY			
Alimony paid:	How often?	Student loan interest:	How often?
Other deductions:	How often?	Type:	
For American Indians and Alaskan Natives Only Certain money received can be excluded from income; list any money received from these sources: per capita payments from a tribe that comes from natural resources, usage rights, leases or royalties: payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Dept. of Interior; and money from selling things that have cultural significance.			
How much received? \$		How often?	